

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NYL		7-3-01
O.I.P.E. CLASSIFIER		19	7/2/01
FORMALITY REVIEW	H-S	866	08-16-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	
Original	
1	4/25/01
2	V
3	V
4	O
5	O
6	V
7	O
8	V
9	O
10	O
11	V
12	=
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19	
20	=
21	V
22	V
23	V
24	O
25	O
26	V
27	O
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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